

Financially Screening Your HWLA Clients from DMH

*A Brief Overview of the
UMDAP Process*

Overview of Presentation

- What is financial screening and UMDAP?
- Why do we have to do it?
- Ok, now that we know why we have to do it, how do we financially screen a client about to receive DMH services?
 - *Introduction to the PFI form*
- What do we do if a client has an annual liability and loses their HWLA coverage?

Financial Screening & UMDAP

What is Financial Screening?

- Financial screening is the evaluation of
 - *Who* can pay for the services rendered
 - Client or responsible party
 - Third party payers such as insurance or Medi-Cal
 - *How much* the client can contribute to paying for services
 - Whether a client can access or qualifies for benefits

Financial Screening & UMDAP

What is UMDAP?

- The Uniform Method of Determining Ability to Pay (UMDAP) is the process of determining how much a client is responsible to pay for services.
- Based on a sliding fee scale after evaluation of the client's
 - Income and assets
 - Allowable expenses

Financial Screening & UMDAP

What is UMDAP? (*continued*)

- With UMDAP, the annual charge period is one year.
- The UMDAP annual liability amount is valid for one year.
 - Clients cannot be charged until they have become obligated to pay for services they have received.
 - *Can be adjusted up or down if the client's financial circumstances change.*

The Importance of Financial Screening & UMDAP

Why is financial screening & UMDAP required?

- The UMDAP annual charge period and liability amount apply throughout California.
 - Ensures that clients are not accidentally charged more than they can afford to pay as determined by the State's sliding fee scale.
- State regulations (Welfare and Institutions Code Section 5872) requires providers to collect from all applicable public and private payers.

This impacts all DMH funding

Overview of the Payer Financial Information Form (PFI)

- The Payer Financial Information (PFI) form has four sections
 - Client information
 - Third party payer information (including payer references)
 - UMDAP Liability Determination
 - Other (current UMDAP status, treatment information and signatures)

RMD Bulletin

Knowledge is power...

Community Partners Must Capture UMDAP Information on the PFI



The State Department of Mental Health, under Welfare and Institutions Code (WIC) Sections 5709 and 5710 and California Code of Regulations (CCR), Title 9, Division 1, Subchapter 3, Article 3, Section 524 mandates that all clients be financially screened when receiving specialty mental health services through County Mental Health Plans. As part of the financial screening procedure, specialty mental health providers are required to employ the Uniform Method of Determining Ability to Pay (UMDAP) when assessing the client's/payer's ability to personally pay for mental health services rendered. The Payer Financial Information (PFI) form is used by the County of Los Angeles Department of Mental Health to financially screen clients, identifying and documenting third party payer sources for billing purposes, and to apply the UMDAP process. The UMDAP process not only determines the client's ability to pay but it also establishes the client's annual charge period which lasts one year. Both the annual charge period and the annual liability determined by UMDAP must be honored by specialty mental health providers statewide.

Revenue Management Division (RMD) has created the attached version of the PFI exclusively for use by Community Partners. Fields or boxes not directly applicable to clients seen by Community Partners have been shaded out. To use this new version, Community Partners should transfer the relevant client information from the Department of Health Services (DHS) Ability-To-Pay (ATP) income form used for financial screening to the PFI at the very first visit when clinically appropriate then staple the ATP form to the back of the PFI. This even applies to clients receiving emergency services. Remember, the annual liability for HWLA clients is \$0.00 and the client should not be charged for services. A copy of the financial screening documents should be provided to the client if referred to another DMH provider for treatment.

We're here to help you...

If you have any questions or require further information, please do not hesitate to contact RMD at (213) 480-3444 or via e-mail at RevenueManagement@dmh.lacounty.gov.

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
HWLA PAYER FINANCIAL INFORMATION FOR CPs

CONFIDENTIAL CLIENT INFORMATION
See W & I Code, Section 5328

CLIENT INFORMATION

1 CLIENT NAME	SS #	DMH CLIENT ID #
2 MAIDEN NAME	DOB	MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> SP
SPOUSE NAME		

THIRD PARTY INFORMATION

3 NO THIRD PARTY PAYER <input type="checkbox"/>							
4 MEDI-CAL <input type="checkbox"/> YES <input type="checkbox"/> NO		MEDI-CAL COUNTY CODE / AID CODE / CIN #		MEDI-CAL PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO REFERRED FOR ELIGIBILITY ASSESSMENT <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE REFERRED	
5 SHARE OF COST <input type="checkbox"/> YES <input type="checkbox"/> NO		SOC AMT \$		SSI PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO		SSI APPLICATION DATE	
6 CALWORKS <input type="checkbox"/> YES <input type="checkbox"/> NO		GROW <input type="checkbox"/> YES <input type="checkbox"/> NO		HEALTHY FAMILIES <input type="checkbox"/> YES <input type="checkbox"/> NO		HEALTHY FAMILIES CIN #	
7 MEDICARE <input type="checkbox"/> YES <input type="checkbox"/> NO		MEDICARE #		LIFETIME AUTHORIZATION SIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO		MEDI-GAP <input type="checkbox"/> YES <input type="checkbox"/> NO	
8 HMO/PPO <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF CARRIER		GROUP/POLICY/ID #		NAME OF INSURED	
9 CARRIER ADDRESS						ASSIGNMENT / RELEASE OF INFORMATION OBTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO	

PAYER REFERENCES (CLIENT OR RESPONSIBLE PERSON)

10 NAME OF PAYER		RELATION TO CLIENT		DOB		MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> SP		PAYER CDL/CAL ID	
11 ADDRESS		CITY		STATE		ZIP CODE		TEL #	
12 SOURCE OF INCOME: <input type="checkbox"/> SALARY <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> UNEMPLOYMENT INSURANCE <input type="checkbox"/> DISABILITY INSURANCE <input type="checkbox"/> SSI <input type="checkbox"/> GR <input type="checkbox"/> VA <input type="checkbox"/> Other Public Assistance <input type="checkbox"/> IN-KIND <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER: _____								PAYER SS #	
13 EMPLOYER				POSITION				IF NOT EMPLOYED, DATE LAST WORKED	
14 EMPLOYER'S ADDRESS (Include City, State & Zip Code)								TEL #	
15 SPOUSE		ADDRESS (Include City, State & Zip Code)						SPOUSE'S SS #	
16 SPOUSE'S EMPLOYER				POSITION				IF NOT EMPLOYED, DATE LAST WORKED	
17 SPOUSE'S EMPLOYER'S ADDRESS (Include City, State & Zip Code)								TEL #	
18 NEAREST RELATIVE/RELATIONSHIP		ADDRESS (Include City, State & Zip Code)						TEL #	

UMDAP LIABILITY DETERMINATION

19 LIQUID ASSETS		20 ALLOWABLE EXPENSES		21 ADJUSTED MONTHLY INCOME	
Savings \$ _____		Court ordered obligations paid monthly \$ _____		Gross Monthly Family Income	
Checking Accounts \$ _____		Monthly child care payments (necessary for employment) \$ _____		Self/Payer \$ _____	
IRA, CD, Market value of stocks, bonds and mutual funds \$ _____		Monthly dependent support payments \$ _____		Spouse \$ _____	
TOTAL LIQUID ASSETS \$ _____		Monthly medical expense payments \$ _____		Other \$ _____	
Less Asset Allowance \$ _____		Monthly mandated deductions from gross income for retirement plans. (Do not include Social Security) \$ _____		TOTAL HOUSEHOLD INCOME \$ _____	
Net Asset Valuation \$ _____		Total Allowable Expenses \$ _____		TOTAL FROM BOX 19 \$ _____ +	
Monthly Asset Valuation (Divide Net Asset by 12) \$ _____		VERIFICATION OBTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO		SUBTOTAL \$ _____	
VERIFICATION OBTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO		VERIFICATION OBTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO		LESS TOTAL FROM BOX 20 \$ _____ -	
Number Dependent on Adjusted Monthly Income (Client included)		ANNUAL LIABILITY		Adjusted Monthly Income \$ _____	
22		FROM TO		Payment Plan \$ _____	
23 PROVIDER OF FINANCIAL INFORMATION Name and Address (If Other Than Patient or Responsible Person)		per month for 1 2 3 4 months.			

OTHER

24 PRIOR MENTAL HEALTH TREATMENT DURING THE CURRENT ANNUAL CHARGE PERIOD <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE:		FROM TO		PRESENT ANNUAL LIABILITY BALANCE	
25 ANNUAL LIABILITY ADJUSTED BY		DATE		REASON ADJUSTED	
ANNUAL LIABILITY ADJUSTMENT APPROVED BY		DATE			
26 An explanation of the UMDAP liability was provided. SIGNATURE OF INTERVIEWER				PROVIDER NAME AND NUMBER	
27 I affirm that the statements made herein are true and correct to the best of my knowledge and I agree to the payment plan as stated on line 22 SIGNATURE OF CLIENT OR RESPONSIBLE PERSON					
DATE					

Loss of HWLA Coverage

- If your client becomes unenrolled from HWLA or needs annual re-enrollment
 - Confirm the client's eligibility by verifying
 - Income at or below 133% of the Federal Poverty Level (FPL)
 - Continued residency in Los Angeles County.
 - Refer client to DHS for re-enrollment.

Contacting RMD

RMD Hotline: (213) 480-3444

or e-mail

RevenueManagement@dmh.lacounty.gov

RMD Fax: (213) 252-8880 or (213) 252-8879